

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155617		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 524 ANDERSON RD CHESTERFIELD, IN46017			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: March 14, 15, 16, and 17, 2011</p> <p>Facility number: 000524 Provider number: 155617 AIM number: 100267090</p> <p>Survey team: Donna M. Smith, RN, TC Tammy Alley, RN Toni Maley, BSW</p> <p>Census bed type: SNF: 2 SNF/NF: 48 Total: 50</p> <p>Census payor type: Medicare: 8 Medicaid: 31 Other: 11 Total: 50</p> <p>Sample: 13 Supplemental sample: 4</p> <p>These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulations. In congruence with the plan of correction the facility respectfully requests paper compliance as means for follow-up.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed on March 22, 2011 by Bev Faulkner, RN						

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F0223 SS=A	<p>Based on record review and interview, the facility failed to prevent abuse from occurring for 1 of 1 reportable allegation of abuse in a sample of 13. (Resident # 101)</p> <p>Findings include:</p> <p>1. An 8/23/08 policy titled "Abuse Prohibition, Reporting, and Investigation" was provided by the Administrator on 3/14/11 at 10:40 a.m., and deemed as current. The policy indicated: "1. Policy: It is the policy of Miller's Health System that all residents have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion...Abuse...Physical Abuse-includes, but not limited to, hitting, slapping, pinching and corporal punishment...Verbal Abuse-is defined as the use of oral, written and/or gestured language that willfully includes disparaging and derogatory terms to residents or their families or within their hearing distance, regardless of their age, ability to comprehend, or disability...."</p> <p>2. A "Reportable Incident Reporting Form" was reviewed on 3/16/11 at 1:30 p.m. The form indicated Resident # 101 had informed LPN # 4 that a CNA had shook her on the morning of 10/17/10</p>		F0223	<p>F 223 Free From Abuse/Involuntary Seclusion</p> <p>It is the policy of Miller's Health Systems that all residents have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion. Miller's Health Systems has policies and procedures in place that ensures that all alleged violations involving mistreatment, neglect or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the Administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The affected resident, #101, was discharged to the hospital due to condition change unrelated to the abuse allegation. From the hospital the resident was then discharged to an assisted living apartment. The facility reported the allegation to the ISDH. The facility investigation also found that no other residents were affected by this incident. Miller's Merry Manor regrets this incident occurred, but acted appropriately after the allegation was made. The employee was immediately removed from the facility and a thorough investigation was conducted. CNA # 5 was terminated after findings from investigation. All staff were re-educated on resident abuse after</p>		04/08/2011	

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	<p>while she was in the bathroom. The resident could not state the CNA's name but was able to give a description. CNA # 5 was suspended and an investigation was initiated. During the investigation, the resident's daughter indicated the resident had informed her that someone had shook her on 10/17/10. She also indicated the CNA had made comments to the resident such as, "I am sick of this...I am tired of you...." On 10/21/10, a final decision was made to terminate CNA # 6.</p> <p>On 3/17/11 at 2 p.m., during interview, the Director of Nursing indicated she had no additional information to provide for the above event.</p> <p>3.1-27(b)</p>				<p>the occurrence. In December 2010, all staff were in-serviced on preventing, recognizing, and reporting resident abuse. Facility will continue to conduct resident abuse re-education on an ongoing basis at least semi-annually. The social service staff or designee will speak with a total of 5 residents or family members weekly for four weeks and then monthly thereafter using the Abuse and Neglect Review Quality Assurance Tool (Attachment # 6).</p>		

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F0242 SS=D	<p>Based on record review, observation and interview, the facility failed to ensure resident's dining room seating was not altered without their involvement for 2 of 2 resident's reviewed for choices in a supplemental sample of 4. (Resident #32 and #27)</p> <p>Findings include:</p> <p>1. A 4/09 policy titled "Resident Rights Handbook for Miller's Merry Manor" was provided by the Administrator on 3/14/11 at 10:40 a.m., and deemed as current. The policy indicated "...Resident Rights The resident has a right to have his rights recognized by the licensee. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights:...D. Free Choices...3. Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participated in planning care and treatment or changes in care or treatment...."</p> <p>2. The record for Resident # 32 was reviewed on 3/16/11 at 10:30 a.m.</p>		F0242	<p>F242</p> <p>Residents # 32 and # 27 were moved back to their original seats once it was determined they were unhappy with being moved to another location in the dining room.</p> <p>No other residents were affected by this deficient practice.</p> <p>Effective 3/18/11, no other residents will be moved without their consent and knowledge to a different location in the dining room unless medically necessary for resident safety..</p> <p>Any discussions with the residents about changing seating locations will be documented in the resident's medical record prior to any changes being made.</p> <p>The quality assurance tool entitled "Resident Satisfaction" (Attachment #1) will be completed monthly by the Administrator or designee. All issues identified will be addressed immediately and reviewed in the monthly Quality Assurance meeting to ensure compliance or resolution of the noted issues.</p>		04/08/2011	

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	<p>A 3/7/11 Quarterly Minimum Data Set Assessment indicated the resident was not cognitively impaired.</p> <p>During the dinner meal on 3/14/11 at 5:30 p.m., Resident # 32 indicated he did not like where he was sitting in the dining room. He indicated he was moved to a different table today and was not asked if that was ok. He indicated he wanted to sit at his prior table. During the meal service, the resident's foot pedal was bumping another resident's foot pedal. Resident # 32 was moved by LPN # 1 to another place at the same table. He indicated he liked where he was sitting. LPN # 1 encouraged him to give it a try.</p> <p>3. The record for Resident # 27 was reviewed on 3/16/11 at 12 p.m.</p> <p>The resident was deemed interviewable by a facility list provided list on 3/15/11 at 8:15 a.m.</p> <p>During an interview on 3/16/11 at 10 a.m., the resident indicated she was moved into the main dining room from the small dining room on Monday. She indicated she was not asked if it was ok to move into the main dining room. She indicated she is nervous and the noise in the main dining room makes her uncomfortable and</p>						

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	<p>she cannot enjoy her food.</p> <p>During an interview with the Food Services Supervisor, CNA # 2 and CNA # 3 on 3/16/11 at 1:10 p.m., the Food Services Supervisor indicated there were several residents who needed increased supervision and assistance in the dining room to be proactive to prevent weight loss. She indicated these resident's were moved to an area where there was more supervision. In doing this, other residents were moved. She indicated the residents who were moved were informed on 3/14/11 at breakfast that they would be sitting at a new location at lunch. She indicated the residents were not asked if this was ok with them.</p> <p>3.1-3(u)(3)</p>						

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F0356 SS=C	<p>Based on observations and interview, the facility failed to post the total number and actual hours worked for licensed and unlicensed nursing staff per shift, who were directly responsible for direct resident care, for 4 of 4 days of observation during the survey. This deficiency had the potential to impact 50 of 50 residents residing in the facility.</p> <p>Findings include:</p> <p>On 3/14/11 at 10:30 a.m., staff posting was observed at the nurse's station. This staff posting indicated for the 6 a.m. to 2 p.m. day shift, two registered nurses (RN), three licensed practical nurses (LPN), and five certified nursing assistants (CNA) were scheduled; for the 2 p.m. to 10 p.m. evening shift, two LPN's and four CNA's were scheduled; for the 10 p.m. to 6 a.m. night shift, one RN, one LPN, and two CNA's were scheduled. No total hours or actual hours worked were included.</p> <p>On 3/15/11 at 8:45 a.m., staff posting was observed at the nurse's station. This staff posting indicated for the 6 a.m. to 2 p.m. day shift, two LPN's and four and one-half CNA's were scheduled; for the 2 p.m. to 10 p.m. evening shift, two LPN's and four CNA's were scheduled; for the 10 p.m. to 6 a.m. night shift, one RN, one</p>			F0356	<p>F356</p> <p>It is the policy of Millers Merry Manor to post licensed and unlicensed staffing on a daily basis for those individuals directly responsible for resident care according to state and federal regulations.</p> <p>A policy has been created for the posting of daily nurse staffing hours (Attachment #2).</p> <p>A "Daily Nurse Staffing" form (Attachment #3) has been created to address the total number and actual hours worked by all licensed and unlicensed staff directly responsible for resident care.</p> <p>The Assistant Director of Nurses will be responsible for completing and posting the Daily Staffing form on business days and the day shift rehab charge nurse will post on weekends. All nurses will be educated on the new policy and form on 4/7/11. The effective start date for using new form will be 4/8/11.</p> <p>To ensure compliance the QA tool entitled "Nurse Staffing Information" (Attachment # 4) will be completed twice weekly for 6 weeks then monthly thereafter by Director of Nursing or designee. Findings will be addressed immediately and reviewed monthly in the Quality Assurance meeting.</p>		04/08/2011

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	<p>LPN, and two CNA's were scheduled. No total hours or actual hours worked were included.</p> <p>On 3/16/11 at 8:20 a.m., staff posting was observed at the nurse's station. This staff posting indicated for the 6 a.m. to 2 p.m. day shift, two LPN's and five CNA's were scheduled; for the 2 p.m. to 10 p.m. evening shift, two LPN's and four CNA's were scheduled; for the 10 p.m. to 6 a.m. night shift, two LPN's and two CNA's were scheduled. No total hours or actual hours worked were included.</p> <p>On 3/17/11 at 8:20 a.m., staff posting was observed at the nurse's station. This staff posting indicated for the 6 a.m. to 2 p.m. day shift, two LPN's and five CNA's were scheduled; for the 2 p.m. to 10 p.m. evening shift, two LPN's and four CNA's were scheduled; for the 10 p.m. to 6 a.m. night shift, one RN, one LPN and two CNA's were scheduled. No total hours or actual hours worked were included.</p> <p>On 3/17/11 at 8:55 a.m., during an interview, the Assistant Director of Nursing (ADON) indicated she was unaware the total hours/actual hours worked were to be included on the posting.</p>						

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	On 3/17/11 at 9:15 a.m., during an interview, the ADON indicated on the 3/14/11 posted staffing, the two RN's listed were incorrect as the RN's did not do direct resident care in the facility. 3.1-13(a)						

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F0363 SS=B	<p>Based on observation, interview and record review, the facility failed to ensure menus were followed for residents who had physician's orders for a regular diet with ground meat diet for 4 of 4 residents reviewed with physician's orders for a regular diet with ground meat (Residents #25, #5, #13 and #34). Of the facility's 50 residents, this deficient practice had the potential to impact 5 residents.</p> <p>Findings include:</p> <p>1.) Review of a current, undated, facility form titled "REGULAR WITH GROUND MEAT", which was provided by the Food Services Supervisor on 3/17/11 at 8:45 a.m., indicated five residents had current physician's orders for a regular diet with ground meat.</p> <p>Review of a current, 3/14/11, lunch menu, which was provided by the Administrator on 3/14/11, lacked any menu specific for regular with ground meat diets. The menu indicated residents could have an entree choice of either liver and onions or sweet and sour meatballs.</p> <p>2.) During a 3/14/11, 5:24 p.m., interview, the Director of Nursing indicated the facility had a description for "regular with ground meats diet" and all</p>		F0363	<p>F363Residents # 25, # 5, # 13 and # 34 were not negatively affected by being served whole meatballs.All residents on ground meat diets have the potential to be affected by this deficient practice.All dietary staff were re-educated on 3/24/11 regarding following the posted menus and production sheets and the importance of grinding meat for ground meat diets.An additional in-service will be conducted with all staff on ground meat diets and how to check meal tickets against food served on 4/7/11.The Quality Assurance tool entitled "Dietary Review of Regular with Ground Meat Diets" (Attachment # 5) will be conducted by the Dietary Supervisor monthly. Issues will be immediately addressed and the findings will be reviewed in the monthly QA meeting. In addition, department head staff will monitor compliance when serving meals in the dining room.</p>		04/08/2011	

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	<p>diets provided in the facility. She indicated the description provides guidance for dietary employees to follow when preparing meals.</p> <p>Review of a current, undated, policy titled "DIETS AVAILABLE IN THIS FACILITY", which was provided by the Director of Nursing on 3/14/11 at 5:25 p.m., indicated the following:</p> <p>"Diet Order-Regular with Ground Meats" (may request ground meat with any diet)</p> <p>DESCRIPTION OF DIET-regular diet (or other specified diet) with ground meat and other foods modified to meet resident needs.</p> <p>RATIONALE- For those who have problems chewing or swallowing. Meat to be ground unless the form is such that it is naturally flaked, such as fish. Uses regular cottage cheese, eggs, meatloaf, and cheese. Other food items are assessed for individual tolerance."</p> <p>3.) During a 3/14/11, 8:12 a.m., interview the Registered Dietitian indicated although the regular with ground meat diet is not on the menu, it is self explanatory and the "DIETS AVAILABLE IN THE FACILITY" and meal production</p>						

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	<p>sheets offer additional guidance to ensure dietary employees serve diets in a form to meet resident needs. She indicated the meatballs were suppose to be ground per the production sheet. She indicated the meatballs were a pre-prepared item and not made from scratch like the meatloaf.</p> <p>Review of a current, undated facility form, titled "Lunch Production Sheet", which was provided by the Registered Dietitian on 3/14/11 at 8:12 a.m., indicated the following: "#10 scoop/1 oz [once] sauce-Sweet and Sour Meatballs with Sauce-Ground."</p> <p>4.) Resident #25's record was reviewed on 3/14/11 at 12:53 p.m.</p> <p>Resident #25's current diagnoses included, but were not limited to, Alzheimer's disease and aphasia.</p> <p>Resident #25 had a current, 2/08, physician's order for a regular diet with ground meat.</p> <p>Resident #25 had a current, 1/21/11, care plan problem/need regarding the need for an altered diet due to difficulty chewing. An approach to this problem was to serve a diet as ordered by the physician.</p>						

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	<p>5.) Resident #5's record was reviewed on 3/14/11 at 12:55 p.m.</p> <p>Resident #5's current diagnoses included, but were not limited to, unspecific debility and other malaise and fatigue.</p> <p>Resident #5 had a current, 12/21/10, physician's order for a regular diet with ground meat.</p> <p>Resident #5 had a current, 3/11/11, care plan problem/need regarding nutritional risk due to a mechanically altered diet. An approach to this problem was to serve the diet as ordered.</p> <p>6.) Resident #13's record was reviewed on 3/14/11 at 12:50 p.m.</p> <p>Resident #13's current diagnoses included, but were not limited to, dementia and aphasia.</p> <p>Resident #13 had a current 12/30/10, physician's order for a regular diet with ground meat.</p> <p>Resident #13 had a current, 11/15/10, care plan problem/need regarding nutritional risk due to difficulty chewing. An approach to this problem was to serve a diet as ordered.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155617		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2011	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 524 ANDERSON RD CHESTERFIELD, IN46017			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>7.) Resident #34's record was reviewed on 3/14/11 at 12:50 p.m.</p> <p>Resident #34's current diagnoses included, but were not limited to, dementia and unspecific debility.</p> <p>Resident #34 had a current physician's order for a regular diet with ground meat.</p> <p>Resident #34 had a current, 10/25/10, care plan problem/need regarding swallowing difficulty. An approach to this problem was to serve a diet as ordered.</p> <p>During a 3/14/11, 12:00 p.m. to 12:40 p.m., observation of the lunch meal service. Residents #25, #5, #13 and #34, who all had current orders for a regular diet with ground meat as listed above, were all served regular un-ground sweet and sour meat balls.</p> <p>31-20(i)(1)</p>						